

Effectiveness of self-instructional module on knowledge regarding care of Mentally Challenged Children among their Caregiver at selected school

Mr. Yuvraj Shivaji Pawar¹

Abstract

Introduction: Mentally challenged is defined by the American Association of Mental Retardation (AAMR) as “significantly sub average intellectual functioning existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work,” with such limitations manifested “before age 18.

Materials and method: one group pretest and post test Quasi experimental study design issued in the research. The study conducted at selected Schools. The population included was caregiver of mentally challenged .The total population size is 60 probability sampling technique was used for recruiting samples for the study.

Results: Area wise distribution of mean, SD and of that the overall mean score was(69.05±6.95),it seems that self-instructional module was effective in increasing knowledge regarding care of mentally challenged children among their caregiver at selected school.

Conclusion: A descriptive research design used to assess the Knowledge among Caregiver of mentally challenged Children’s in selected Schools. The data collected from total 60 Caregiver of mentally challenged children’s by simple random sampling method with a help of structurized questionnaire.

Keywords: Effectiveness, Self-Instructional Module, Knowledge, Mental Challenged Children, Caregiver

“Disability is a matter of perception. If you can do just one thing well, you’re needed by someone”

INTRODUCTION

Mentally challenged is defined by the American Association of Mental Retardation (AAMR) as “significantly sub average intellectual functioning existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work,” with such limitations manifested “before age 18.The term "retarded" is slowly being replaced by new words like "special" or "challenged." The term "developmental delay" is rapidly gaining popularity among caretakers and parents of individuals with mental retardation. Using the word "delay" is preferred over "disability" by many people, because that term (delay) encapsulates the core deficit that creates mental retardation in the first place¹.

NEEDFORSTUDY

Mentally challenged has long been a problem in modern society nearly 83 million of world’s population is estimated to be mentally challenged. Among them, 41 Million are having long-term of permanent disabilities.

One in four families is likely to have at least one member with the behavioral or mental disorder mentally challenged child is a highly disabling condition. Children must be nurtured under close observation, guidance and Protection. Adequate knowledge and the positive attitude of caregiver

are very important. Caregiver should understand good child care practice and what is needed to promote child development, health, and nutrition. This, in turn, will help to nurture a healthy, productive, cooperative, and contributing future citizen. Hence researcher thought to prepare self-instructional module on care of mentally Challenged children which will help them for enhancing knowledge to take care of their mentally challenged children.

OBJECTIVES

1. To assess pretest knowledge regarding care of mentally challenged children among caregiver.
2. To evaluate effectiveness of self-instructional module on knowledge regarding care of mentally challenged children among caregiver of mentally challenged children.
3. To find out association between posttest knowledge score with selected demographic variable.

HYPOTHESIS

1. H₀- There will be a no significant difference between the pretest and posttest Knowledge of caregiver of mentally challenged children.
2. H₁-There will be significance difference between pretest posttest knowledge of Caregiver of mentally challenged children.
3. H₂- There will be significant association between posttest knowledge with selected Demographic variable.

ASSUMPTION:

1. Caregivers of mentally challenged children have some knowledge regarding care of mentally challenged children.
2. Self-instructional module may enhance the knowledge regarding care of mentally challenged children.

MATERIALANDMETHOD

Research Approach and Research Design one group pretest and post test quasi experimental study. And research approach was evaluative research approach. This study In this study independent variable was Self-instructional module regarding care of mentally challenged children. Dependent variable was knowledge related to care of mentally challenged children. Setting of the study selected school In Selected city non-purposive simple random technique was used for sampling technique. In this study, 60caregiver of mentally challenged children made up the sample. With reference to present study, structured knowledge questionnaire was prepared for assessing the knowledge of caregiver of mentally challenged children. The caregiver of mentally challenged children understands the tool. we are selected the sample by "those who are interested they solve the tool and then we are sending the response sheet with explanation to collect data from caregiver of mentally challenged children..The subjects' written agreement was obtained after being informed of the study's goal.

SAMPLESELECTIONCRITERIA

A. Inclusion Criteria

1. Both male and female.
2. Who are willing to participate in the study.
3. Who can read and write Marathi.

B. Exclusion Criteria

1. Who refused to participate in this study
2. Caregiver of physically challenged children

STATISTICAL ANALYSIS

Section A: Demographic Variable

The data on sample characteristics were analyzed using descriptive statistics. The baseline characteristics are Age, Education, Religion, Previous source of information and relation, Table 1 shows that total 60 caregivers of mentally challenged children participated in this study. Percentage wise distribution of caregivers of mentally challenged children according to their age depicts the following: majority i.e. 45% of the caregivers of mentally challenged children had age 30-35 years, 31.67% of them had age 25-30 years, 20% of them had age above 35 years, and 3.34% of them had age 20-25 years. Therefore, it may be inferred that the bulk of the study participants were adults. Educational qualification wise distribution of caregivers of mentally challenged children depicts that 63% of caregivers had taken primary education, 17% of them had taken secondary education, 12% of them had taken higher secondary, 5% of them had taken graduation and 3% of them post graduate. Religion wise distribution of caregivers of mentally challenged children depicts that majority of caregivers are belonging from Hindu religion i.e. 45%, 30% belongs to Muslims, and 25% are belongs from Christian. Percentage of distribution of caregivers of mentally challenged children according to their previous source of information regarding care of mentally challenged children is from television i.e. 48.34%, another source of information is relatives 36.67% and 15% is newspaper. The percentage of distribution of caregivers of mentally challenged children according to their relation i.e. from mother 53.34%, and 46.67% fathers of mentally challenged children.

Section B: Part I Assessment of pretest knowledge regarding care of mentally challenged children among their caregivers.

Comparing each item's mean and standard deviation for the pretest knowledge regarding care of mentally challenged children among their caregivers. (Table 1).

Table 1. Pretest knowledge regarding care of mentally challenged children among their caregivers.

S. N.	Area	Max score	Mean	SD
1	Pretest knowledge regarding care of mentally challenged children among their caregivers..	40.08	40.08	2.36

In pretest 2 (3.33%) of the caregivers having poor level of knowledge score, 34 (56.67%) caregivers were having average knowledge, 24 (40%) caregivers having good knowledge, and only 1 (1.67%) caregiver having very good knowledge score. The mean score of the pretest was 40.08% and the mean percentage was 40.08% with SD of 2.36

Section B: Part II Assessment of posttest knowledge regarding care of mentally challenged children among their caregivers.

Comparing each item's mean and standard deviation for the posttest knowledge regarding care of mentally challenged children among their caregivers. (Table 2).

Table 2. Posttest knowledge regarding care of mentally challenged children among their caregivers..

S.N.	Area	Max score	Mean	SD
1	Posttest knowledge regarding care of mentally challenged children among their caregiver..	15.87	63.48	2.50

In posttest 30(50%) of the caregiver having good level of knowledge score, 28(46.67%) caregiver were having very good knowledge , 2(3.33%) caregiver having excellent knowledge, The mean score of the posttest was 15.87% and the mean percentage was 63.48% with SD of 2.50.

Section C: Part II Item wise Comparison of mean, SD, of

Table2.Comparisonofmean,SD,of (n-60).

S.N	Area	Max.score	Score	
			Mean	SD
1	Age	5	13.85	2.95
2	Education	3	8.025	1.842
3	religion	3	8.641	1.94
4	previous source of information	5	13.30	3.49
5	relation	3	8.256	2.56205

Section D: Effectiveness of self-instructional module on knowledge regarding care of mentally challenged children among their caregiver of mentally challenged children.

Table 3.Table showing Effectiveness of self-instructional module on knowledge regarding care of mentally challenged children among their caregiver of mentally challenged children (n-60).

Section E: Association between post test knowledge score with selected demographic variable.

Table 4. Association between post test knowledge score with selected demographic variable. (n-60).

S.N.	Variables	Post test	
		X2	Levelofsignificance
1	Age	22.53	significant
2	Education	73.84	significant
3	religion	25.2	significant
4	previous source of information	33.74	significant
5	relation	90.67	significant

SUMMARY

The chapter deals with the analysis and interpretation of the findings of the study. The data gathered were mastersheet and both descriptive and inferential statistics were used for analysis. Finding revealed that the total assess the pre test Knowledge of caregiver of mentally challenged children. Mean-69.05, SD-6.95 Median-69.5 Mean %-60.03% and posttest Knowledge of caregiver of mentally challenged children Mean-80.9, SD-13.39, Median-77, Mean %-59.10% and Quality Of Life Among Schizophrenia patient value 13.41, And Persistent Problem Among Schizophrenia patient (T) value 9.45 [8–10].

CONCLUSION

It was that the self-instructional module was effective to the caregiver of mentally challenged children for increasing their knowledge

REFERENCES

1. American Association on Mental Retardation. 2009. Available from URL: http://www.heionline.org/docs/training/introduction_to_mental_retardation.pdf
2. Stuart. G. W. & Laria. M. c., principles and practice of psychiatric nursing, Mosby publications,
3. New World Bank Report Finds People with Disabilities among the Most Excluded in Indian Society. New Delhi, November 20, 2007. Available from URL: <http://wecando.wordpress.com/2007/12/01/paper-news-world-bank-report-on-disabled-in-india/>
4. Park K., Park text book of preventive and social medicine, Jabalpur M/S Banarsidas Bhanot Publishers, 2007, 19:457-469.
5. Cynic KA, Friedrich WN, Greenberg MT. Adaptation of families with mentally retarded children: A model of stress, coping, and family ecology. *Am J MENT DEFIC*. 1983; 88:125–38.
6. American Association on Mental Retardation. (2002). *Mental Retardation: Definition, Classification, and Systems of Supports*, 10th Edition. Washington, DC: American Association on Mental Retardation.
7. Prof A Gnanalaxmi. *Mental health and psychiatric nursing*. 1 edition Hyderabad: Frontline publications; 2006. P. 101-106.
8. WHO. 2005
9. Agarwal SP. *Mental health: an Indian perspective 1946-2003*. Ministry of Health and Family Welfare, New Delhi; 2004. 59
10. Polit DF, Hungler. *Nursing Research principles and methods*. J.B Lippincott publications. Philadelphia. 2011